

## PART B - FEE(S) TRANSMITTAL

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23915 7590 05/11/2004

**PATENT DOCKET ADMINISTRATION  
RAYTHEON SYSTEMS COMPANY  
P.O. BOX 902 ~~KEYEX30~~ (E4/N119)  
BLDG E1 M S E150  
EL SEGUNDO, CA 90245-0902**

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<u>Elaine Panousis</u>	(Depositor's name)
<u>Elaine Panousis</u>	(Signature)
<u>6-25-04</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/046,871	01/15/2002	Kenneth A. Ostrom	PD-99W192	5473

TITLE OF INVENTION: STATISTICALLY BASED CASCADED ANALOG-TO-DIGITAL CONVERTER CALIBRATION TECHNIQUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WAMSLEY, PATRICK G	2819	341-120000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Leonard A. Alkov

2 \_\_\_\_\_

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Raytheon Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0616 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Leonard A. Alkov6-25-2004

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